COVER SHEET FOR MAKE-UP TESTS
Fall 2018
Limited Availability – Reminder: No Final Exams

Instructor: Please complete the form below for each student who will be taking a make-up test in the Academic Success Center and attach it to the exam. Thank you for your cooperation.

Student’s name ___________________ Banner ID ____________

Instructor’s name, phone number & e-mail address:
______________________________________________________________

Course Name, Number & Section ________________________________

Topic or Test # ________________________________

Date for make-up test: Circle the day & time and write the date next to it
Mon 2:00 p.m. – 4:00 p.m. ________ Wed 5:00 p.m. – 7:00 p.m. ________
Sat. 10:00 a.m. – 12:00 p.m. ________

Time limit for taking the test ________ (Up to 2 hours)
Time extensions for students with accommodations shall be determined by instructor as advised by the Learning Disabilities Coordinator.

Is the student allowed to reschedule? __________________________
(Yes) ________ (No) ________

Are calculators allowed? __________________________
(Yes) ________ (No) ________

Are books allowed? __________________________
(Yes) ________ (No) ________

Are notes allowed? __________________________
(Yes) ________ (No) ________

Please indicate below any additional instructions for this test.
______________________________________________________________
______________________________________________________________
______________________________________________________________

For Academic Success Center Staff use only:
Test received by (Staff name): ____________ Date: ________
Test Starting Time: ______ Staff name: __________
Test Ending Time: ______ Staff name: __________ No Show ______
Test picked up by: ____________ Date: ________
(Instructor’s Signature)